



## Enrollment Application

### Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street Name City State Zip

Mobile Number ( \_\_\_\_ ) \_\_\_\_\_ Alternate Number ( \_\_\_\_ ) \_\_\_\_\_

Email address \_\_\_\_\_

### Program Information

Which program are you enrolling in?

Cosmetology     Nail Tech     Esthetician     Instructor

If you are enrolling in Cosmetology, please indicate if you are left-handed or right-handed.

Left-Handed     Right-Handed

Which best describes your application status?

New Applicant     Transfer Student     Former Grondin's Student

If transfer, from where? \_\_\_\_\_

How many hours have you logged in class to date (approximately)? \_\_\_\_\_

## Health and Emergency Information

Do you have any health issues, such as allergies, that could affect your training?

Please explain \_\_\_\_\_

\_\_\_\_\_

### Primary Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

### Secondary Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

## Education

A copy of your high school diploma, G.E.D, or high school transcript showing 9th-grade completion is required at the time of enrollment.

### High School

School Name \_\_\_\_\_

City & State \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Did you graduate? \_\_\_\_\_  
Month/Year Month/Year Yes/No

### Cosmetology School (if applicable)

School Name \_\_\_\_\_

City & State \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Did you graduate? \_\_\_\_\_  
Month/Year Month/Year Yes/No

### College or Trade School

School Name \_\_\_\_\_

City & State \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Did you graduate? \_\_\_\_\_  
Month/Year Month/Year Yes/No

## **Employment and Military History**

List your employment experience, including military service, for the last 12 months. Use a separate sheet of paper, if necessary.

Name \_\_\_\_\_

Location \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Month/Year Month/Year

Name \_\_\_\_\_

Location \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Month/Year Month/Year

Name \_\_\_\_\_

Location \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Month/Year Month/Year

### **Please answer the following questions in two or three sentences.**

1. How did you hear about Grondin's College of Cosmetology? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Why did you choose Grondin's College of Cosmetology? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. What are your long-term career goals? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. What traits do you have that you think will help you succeed in the industry? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that the information given in this application is accurate to the best of my knowledge. I further understand that it is my responsibility to arrange for all admission credentials (diploma, transcripts if transfer student, down payment, etc.) to be provided at the time of my enrollment.

Signature \_\_\_\_\_ Date \_\_\_\_\_